

RI Mental Health Summit Lightning Round Q&A's
June 8, 2015

Innovation Before Incarceration

1) What should be the 3 top priorities for the State in trying to keep people who suffer from mental illness and/or addiction out of prison?

2) What are the greatest challenges the State faces in trying to stem the tide into prison of people suffering with mental illness and/or addiction?

3) What do you believe is the best mechanism for change? And what do you believe that you and your organization can do to help?

- Crisis Intervention Teams, mental health court and supportive housing that targets mentally ill people who are more likely to get involved with criminal justice system based on their past
- Consider quarter-way houses or specialized housing in the private sector that provide an alternative to incarceration
- Manage substance use disorders before they get individuals involved in crime
- Teleconferences to help inmates would be helpful
- More evidence-based practices for reentry effort
- Re-review of court-ordered outpatient treatment
- Statewide training on handling individuals with substance use disorders and/or mental illness for police officers and first responders

- Need a protocol for management of people
- Everyone has rights -- we don't want to infringe on anyone's rights; you can only suggest to people to get help
- Need to remove the stigma of mental illness and substance use disorders
- Encourage parity with other chronic or severe illnesses such as cancer
- Evidence - based practice for prevention- early intervention
- Provide medication-assisted treatment, when needed, for inmates before they are released
- Provide peer recovery support for mental illness
- Pay doctors for going to mental health cost
- Expand continuum of residential treatment
- Medication cost is a challenge-- continue high cost medication outside of hospitals
- Develop serious public relations campaigns for mental illness
- Update the commitment statute
- Increase screening for mental illness at primary care practices
- Provide crisis intervention prior to admittance into ER and after hospital care
- Let people know that people with mental illnesses aren't criminals-- they should be in our backyards
- Bail - need to look at this and assess finances and alternative treatments
- Encourage providers to access small grants –grassroots – to help make an impact
- Challenge of silos with private practitioners – need to standardize reporting

- Challenge of educating family members
- Invest in families through prevention, education, and once issue is identified, provide care management for the long haul
- Don't forget to include the faith community and clergy
- Expand ride along program with police
- Expand Crisis Intervention Team program - provide more publicity
- Address the issue of people unable to access services because of high co-pays, etc.
- Add Crisis Intervention Training to training curriculum
- Provide screening and brief intervention within schools
- Allow peers to accompany individuals to court
- Have interpreters who have background in behavioral health
- Ensure that people who transition out of DCYF do not fall through the cracks
- Provide trauma-informed care
- Providers want to see organizations, such as the corrections department, become more accessible to clients in the community so that client can make connections with them more easily
- Institutionalized racism needs to be addressed
- Build on programs that we already have – expand the court clinician program
- Judges need the ability to use more discretion
- Utilize the Mental Health Law – the Department of Corrections has power to obtain court orders for outpatient treatment
- San Antonio model needs to be looked at – it provides peer and professional help
- There needs to be a place where people can drop patients off

- We need to link and leverage money in various State departments
- Holistic medicine practices, including diet, acupuncture and healthy lifestyle training can relieve stress and help with people's coping skills
- Bring complementary treatments, such as holistic medicine practices, into treatment settings
- More Crisis Intervention Training for police
- There is a need for more inpatient beds for psychiatric patients in order to provide long-term treatment in order to prevent incarceration
- Increase number of probation officers for the mentally ill
- Look at confidentiality laws and how they are interpreted
- Integrate current civil court commitment process with mental health court concept
- Expand mobile treatment team
- Providing continuity of care - not just a Medicaid card – previously incarcerated individuals need support in the community when they get out – a navigator to help them through the continuum of care, helping with problems like stable housing, substance use, etc.
- Develop transition clinics that include peers to help individuals make the transition into the community
- Use housing and daycare centers (non-refusal centers) as alternatives to incarceration
- Increase court awareness and sophistication in terms of alternatives – including a diversion list

- The Recovery Oriented System of Care is complicated by a system that is regulatory
- Provide alternatives to adjudication
- Promote voluntary treatment - studies have shown that involuntary treatments aren't successful
- There is a need for concise and accessible information on people who are arrested to make better informed decision about what needs to be done
- De-criminalize shop lifting and other minor offenses
- Develop the concept of work release for treatment - set up a tailored program to help this population – they can go to outpatient services, a transition clinic
- Create a pathway to care with no wrong door
- A mechanism for change – a community re-entry council to help with the transition into the community
- Important to change language to decrease stigma and engage individuals
- Need a systematic way of assessing individuals - identify where gaps are and develop new programs